



APPLICATION FOR ENROLMENT Years 1 - 6 NORTH COTTESLOE PRIMARY SCHOOL

for Year 20 ____ Student Year Level ____

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M / F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Telephone - Mobile	Email Address	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 7)			
If applicable, name of school at which the child is currently or was last enrolled:			
Desired commencement date:			
Are there any siblings currently attending this school?		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Names and year levels:			
** Is your child currently under suspension from a school?		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, name of school:			
** Has your child ever been excluded from a school?		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, name of school:			
2. PERMANENT RESIDENT OF AUSTRALIA?		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____ VISA EXPIRY : _____			
3. DISABILITY/MEDICAL CONDITION?			
This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)			
Physical	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i>			
Signature of parent/guardian _____		Date _____	
Signature of parent/guardian _____		Date _____	
** These questions are unlikely to apply to kindergarten and pre-primary children.			

The following documentation must accompany this form:

- Proof of Residence - a lease agreement or current utility consumption account (water, electricity, gas or phone) showing the residential address as stated in the application (*North Cottesloe is a Local Area Intake school*)
- Local Council rate notice and Water Corporation annual notice not accepted as proof of residence
- Student's birth certificate
- Student's immunisation records
- Current Court Orders if applicable
- Visa documentation if applicable (if student is not an Australian citizen or permanent resident of Australia). Documentation proving Permanent Residency if applicable.

OFFICE USE ONLY		
Date received: _____		
Proof of residence sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Birth Cert sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immunisation sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Submit form and supporting documentation to
100 Eric St, Cottesloe, WA, 6011**